

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028536

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3617

FILED JUL 22 1963

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b  
20 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION General Hospital

Inside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
River View Nursing Home

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

LY

MONROE

## 4. DATE OF DEATH

Month

Day

Year

June

28

63

## 5. SEX

M

## 6. COLOR OR RACE

W

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-20-83

## 9. AGE (last birthday)

79

## 10. IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

6yr. retired storekeeper

## 10b. KIND OF BUSINESS OR INDUSTRY

Unclaimed Freight Graham Co., Ks.

## 11. BIRTHPLACE (City and state or country)

## 12. CITIZEN OF WHAT COUNTRY

U S A

## 13a. FATHER'S NAME

Benjamin E. Monroe

## 13b. MOTHER'S MAIDEN NAME

Sarah Spillman

## 14. NAME OF HUSBAND OR WIFE

Gertrude Monroe

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

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## 17. INFORMANT

Address

Fred Bryant 1856 N 25 Ks. City, Ks.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

myocardial infarction and shock

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 6-26-63 to 6-27-63 and last saw her alive on 6-27-63  
Death occurred at 4:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

July 1, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Mound Grove Cemetery Independence, Missouri

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Alden Harrington Bonner Springs, Ks & Sons

6-28-63

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Frank Ellis

DATE AMENDED

VS 300  
Rev. 4/59

1

23428

3

4 0

5 2

6

7 1

8 2

94201

10

11

1258-0

13

SEP 18 1963

7/24 1-1272

248

0

8

1

6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by John Howard Harrington, Student Embalmer No. 682

0-22

working under my personal supervision.

Student

John V. Harrington  
Signature of Student Embalmer

Signed

Donald H. Simmons

Licensed Embalmer No.

5084

P. O. Address

K.C.K.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.